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APPLICANTS
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**** CONTINUING DATA ******* *NONE/MR*

**** FOREIGN APPLICATIONS ******* *NONE/MR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 06/15/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY LA	SHEETS DRAWING 7	TOTAL CLAIMS 28 11	INDEPENDENT CLAIMS 5
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Verified and Acknowledged *Michael K. Smolek*
 Examiner's Signature Initials

ADDRESS
65565

TITLE
Corneal topography analysis system

FILING FEE RECEIVED 1162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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